

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 26 PM 3:44

DOCUMENT # F94000000548 (7)

1. Corporation Name

RESEARCH TO PREVENT BLINDNESS, INC.

Principal Place of Business

Mailing Address

598 MADISON AVE., 10TH FLOOR
NEW YORK NY 10022-1614

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NEW YORK NY 10022-1614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

applied 1/27/94

4. FBI Number

13-1945117

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C
NAME	WASSERMAN, LEW R
STREET ADDRESS	911 N. FOOTHILL DR.
CITY-ST-ZIP	BEVERLY HILLS CA 90210
TITLE	P
NAME	SHEINBERG, SIDNEY JAY
STREET ADDRESS	100 UNIVERSAL CITY PLAZA
CITY-ST-ZIP	UNIVERSAL CITY CA 91608
TITLE	T
NAME	BAKER, RICHARD E
STREET ADDRESS	100 UNIVERSAL CITY PLAZA
CITY-ST-ZIP	UNIVERSAL CITY CA 91608
TITLE	T
NAME	HEWITT, RICHARD G
STREET ADDRESS	711 THIRD AVE.
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	CEO
NAME	HERBERT, GAVIN S JR.
STREET ADDRESS	2525 DUPONT DR.
CITY-ST-ZIP	IRVINE CA 92715
TITLE	T
NAME	KISER, ANTHONY C
STREET ADDRESS	630 FIFTH AVE., STE. 1750
CITY-ST-ZIP	NEW YORK NY 10111

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	T Herbert, Gavin S. Jr.
5.3 STREET ADDRESS	2525 DuPont Drive
5.4 CITY-ST-ZIP	Irvine, CA 92715
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diana Swift* **Diana Swift, Executive Director**

**1-800-621-0026 or
(212) 752-4333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #